#### 2010 EMPLOYEE BENEFITS SUMMARY



# City of Munuoody Inside you will find information about our:

Benefits Eligibility | Benefits Enrollment | Health Benefits | Dental Benefits | Disability Benefits | Life Benefits | Flexible Spending Accounts

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions please contact the carrier or Bryant Wharton.



November 12, 2009

Dear City of Dunwoody Employees:

As we approach the close of our first year of Cityhood, I want to thank all of you for your hard work and dedication to the City. We have accomplished a lot this year, and I hope you take as

You are a valued member of the City of Dunwoody team, and you are integral to our success. much pride in that as I do. We are committed to attracting and retaining outstanding employees like you, in order to support the City's goals. We are very pleased to be able to present you with what we believe is an exceptional benefits package again this year.

We are excited to share with you that we have incorporated some enhancements to the benefits program without increasing the cost to you. Some of the enhancements include:

Dental Insurance – a new plan that includes a dual option of coverage to select from and orthodontia coverage for children

Life Insurance – an extended life insurance plan that will allow for the option to purchase additional life insurance for yourself and coverage for your dependents

As always, our goal is to continue to offer an all-inclusive, quality benefits package that is affordable and comprehensive for you and your family. We believe our 2010 benefits plans are among the best in municipal government today.

Please review this benefits booklet and feel free to share it with your family. If you or your family members have any questions, please call Roma Rowland (678-382-6710) or Nicole Stojka (678-382-6755), and they will be glad to help you.

We value your contributions to the City of Dunwoody, and we look forward to a great year in 2010.

Sincerely,

Warren A. Hutmacher

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# **Our Benefit Goals**

We evaluate our benefit programs each year to make sure that we accomplish several goals. We strive to:

- Promote health and wellness among City of Dunwoody employees and their dependents
- Provide employees with affordable access to health benefits
- Provide competitive benefits programs
- Educate employees on the appropriate use of health benefits
- Provide resources to support employees and their dependents as they make important decisions about their health and health care
- Educate employees on all of the benefits and resources available to them
- Engage employees and dependents in the process of becoming better consumers of health care

We make every effort to keep the cost of our benefit programs affordable for the City and our employees. To continue to provide affordable benefits we will help employees use the benefits appropriately and encourage healthy lifestyles. Tips on maintaining a healthy lifestyle are included each month in *Your Health and Wellness Connection*, our monthly newsletter that you can find on the shared drive beginning in 2010. In addition to learning more about general good health, we encourage everyone to have an annual physical to identify and monitor any personal health risks.

# Your Benefits are Paid for with Pre-Tax Dollars

#### Every penny in your paycheck counts.

To help you stretch your income, we established a Cafeteria Plan or Flexible Benefit Plan that allows you to pay for your benefits using pre-tax money.

#### What Does a Cafeteria Plan Mean to Me?

You save at least 15% in Federal Tax

You save 1.45% in FICA Tax

You save 6% in Georgia State Tax

More flexibility— you have a menu of benefit alternatives and levels and can choose the right options for you



**Benefit Enrollment** 

Open Enrollment for the 2010 plan year will take place from November 12 through November 24, 2009. All changes will be effective January 1, 2010.

We are excited to offer online enrollment through I-Enroller, a web-based tool that allows you to make your benefit elections online and is available 24 hours a day, 7 days a week, during the enrollment period.

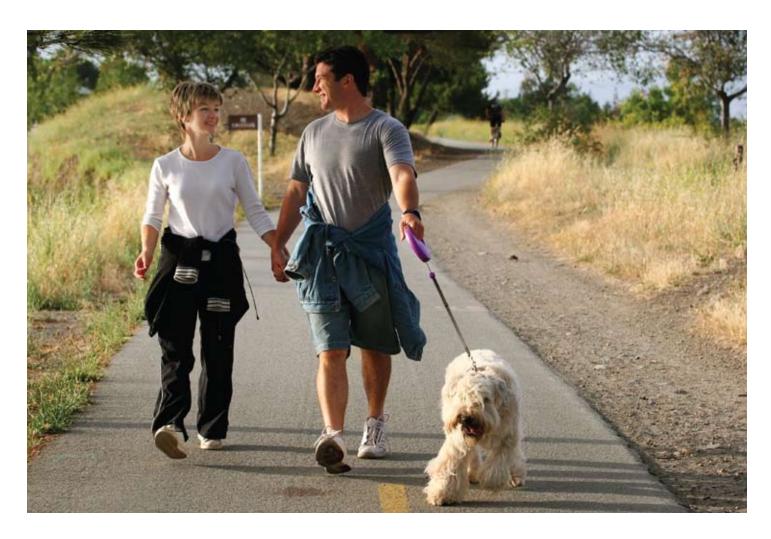
If you do not have access to the internet, please contact our Bryant Wharton Account Manager, Melissa Streitenberger, at 678.740.0222 or melissa@bryantwharton.com for a customized paper enrollment form. If you are not enrolling online, you must have access to a fax machine. To complete your online enrollment, follow these steps:

- 1. Log on to: www.i-enroller.com
- 2. Your User ID: First Initial, Last Name (Ex: jsmith)
- 3. Your Password: Last 4 Digits of Your SSN, Your Year of Birth (Ex: 78901975)

#### **Tips for Using I-Enroller**

- Have your dependent's name, date of birth, and Social Security Number available when you enroll.
- Select the appropriate level of coverage for each dependent.
- Print a confirmation statement when you finish enrollment and keep it for your records.
- Benefit elections must be complete by November 24, 2009 at 5 p.m. Failure to enroll may delay your enrollment with the carriers.





# **Benefits Eligibility**

Full-time employees are eligible for benefits on the first day of the month following 30 days of service.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian.

# You can enroll the following dependents in our group benefits plan:

- Your legal spouse
- Unmarried children under age 19 if living with you and not working full-time
- Unmarried children between ages 19 25 who are full-time students at an accredited educational institution
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided).

Many employees have other dependents living with them who are not eligible for our benefit plan.

# Dependents NOT eligible to be added to your benefit plans:

- Married children
- Grandchildren, nieces, nephews or other children who do not meet specifications listed to the left
- Common law spouses or domestic partners (same or opposite sex)
- Ex-spouses, unless required via court order (documentation required)
- Parents, step-parents, grandparents, aunts, uncles, or other relatives that are not qualified legal dependents (even if they live in your house)

# **Making Changes to Your Benefits**

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, vision, and flexible spending accounts), and therefore your ability to make changes to these benefits is restricted by the IRS.

New employee benefit elections for medical, dental and vision are effective on the first of the month following 30 days of employment. Open Enrollment elections are effective January 1, 2010 and stay in effect until December 31, 2010, unless you experience a Life Status Change. To be eligible to make benefit changes because of a Life Status Change, you must notify Human Resources within 30 days of the date of the qualifying event. Proof of your life event may also be required. Changes outside of the 30-day period are not allowed until the next annual Open Enrollment period, unless you experience another qualified Life Status Change.

To make benefit changes as a result of your Life Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event;
- Provide proof of your life status event; and,
- Complete and submit your enrollment form.



# **Helping You to Improve Your Health**

We believe a focus on prevention is the key to helping our employees lead healthy and productive lives, and we are committed to helping our employees improve their health.

The City of Dunwoody is pleased to announce *Your Health Connection*, our new Health and Wellness Program, designed to help you improve your health and the way you feel about yourself and to help you to live a better life. We will be working with our benefits advisor, Bryant Wharton, and our health insurance provider, Blue Cross Blue Shield, to bring you exciting new programs, wellness benefits, and tools and resources that will make it easier than ever for you to get and stay on track.

### Did you know?

- Lowering excess body weight by just 5 to 15% reduces the risk factors for at least some diseases, particularly cardiovascular disease
- Your risk of chronic illness increases if your waist size is greater than 40 inches for men or 35 inches for women
- Regular exercise can help you prevent high blood pressure, type 2 diabetes, osteoporosis and certain types of cancer

Our goal is to help you establish health goals that are right for you and to help you achieve those goals. If your already lead a healthy lifestyle, these programs will help you find new ways to improve or maintain your health. If you are at risk of disease, our programs will help you identify your risks, find out what you need to do to lower your risk of disease and help you do it. And, by doing so, you will feel better and improve your quality of life.





## Fitness Center Memberships

The City of Dunwoody offers free fitness center memberships to our sworn Police Department employees.

The memberships are currently available through two organizations, both with fitness center locations in Dunwoody. Please see Human Resources for information on how to apply.

# **Employee Assistance Program (EAP)**

Horizon Behavioral Services is our confidential EAP provider.

The EAP provides employees and their family unlimited telephonic and online access to Master's Level Counselors who can assist with a variety of issues including:

- Child care resources
- Relationship problems
- Depression
- Financial concerns
- Grief issues
- Stress
- Alcohol and drug abuse

To access our EAP call 1.888.293.6948 or visit www.horizoneap.com

# **Ready to End Your Tobacco Addiction?**

A tobacco user spends on average \$2,500 a year on tobacco alone and incurs higher health care costs over their lifetime. Living a tobacco-free lifestyle can help save you thousands of dollars and improve your energy level and your quality of life.

The cost of cessation programs and products are eligible for reimbursement through the City of Dunwoody's Flexible Spending Account Program, which can reduce the overall cost of programs and products by allowing you to pay for them using pre-tax money.

Tobacco Cessation treatment options include hypnosis, prescription alternatives, the Smart Shot, acupuncture, and over-the-counter remedies such as the patch and gums that include nicotine products or natural formulas. Studies show that treatment programs through a facility or physician that also include therapy and social support are usually more effective for long-term success than other alternatives.

## Health Benefits of Quitting

#### Within 20 minutes:

Your heart rate drops

#### Within 12 hours:

The carbon monoxide level in your blood is normal

#### Within 2 weeks to 3 months:

 Your circulation improves and your lung function returns to normal

#### Within 1 to 9 months:

Your coughing and shortness of breath decrease

#### Within 1 year:

Your risk of heart disease is reduced to about half that of a tobacco user

#### Within 5 years:

Your risk of stroke equals a non-tobacco user

# Finding the Right Tobacco Cessation Program

The program that works best for you may be very different from the program that works best for someone else. Talk to your primary care physician because he/she is one of your best resources for finding cessation programs designed to meet your total health needs. Your physician can discuss over-the-counter and prescription medications and provide a reference to tobacco cessation programs as well.

Blue Cross Blue Shield also provides a free quit kit to our employees, even if they are not participating in the Blue Cross Blue Shield health plan. Call 1-800-814-1508 and provide your mailing address to receive your kit.



#### Resource List

Georgia Tobacco Quitline

1.877.270.STOP

St. Joseph's Hospital

Knock Nicotine Atlanta, GA

678.843.7633

**American Cancer Society** 

1.800.ACS.2345

www.cancer.org

**American Lung Association** 

www.lungusa.org

CDC-Tobacco Information

and Prevention Source (TIPS)

www.cdc.gov/tobacco

Kill the Can

www.killthecan.org

**National Cancer Institute** 

www.nci.nih.gov

1.877.44U.QUIT

**Smoke Free Support** 

www.smokefree.gov

**1.800.QUITNOW** 

# **Medical Benefits**

The City offers three Blue Cross Blue Shield health plan options, a Health Maintenance Organization (HMO) plan, a Point of Service (POS) plan, and a Preferred Provider Organization (PPO) plan.

You will notice some similarities between all of our plans. They all have an in-network individual and spouse deductible of \$500 each and a combined family deductible of \$1,500. Under all three plans, in-network visits to your primary care physician require a small copay of \$25. The differences between the three plans are highlighted below.

All plans offer out-of-network benefits; however, you pay the least when you see an innetwork provider. Before choosing one of the POS options, make sure your doctor is considered in-network. You may find that if your preferred doctor is not a part of the POS network, they may be a part of the broader PPO plan network.

No matter which plan you choose, we encourage you and your dependents to have annual wellness exams. In-network preventive exams and well-child exams (including immunizations) are covered for a \$25 copay. Preventive exams can detect if you are at risk for or already have a chronic disease such as heart disease, diabetes, hypertension and certain cancers, which are preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

The following summaries outline your medical benefit options. For specifics, please refer to the plan documents.

#### НМО

The HMO plan is the most economical option. Your premiums are lower under this plan, and the amount that the plan pays for services subject to the coinsurance rate is 100%, so you are not subject to high out-of-pocket expenditures beyond your copays. The HMO has an unlimited lifetime maximum for in-network benefits. However, unlike the other plans, this plan does not provide any benefits for visits to out-of-network providers. The HMO plan is perfect for people who:

- Want to pay a lower premium;
- Will only see in-network providers; and,
- Want confidence that their out-of-pocket costs will be low.

#### **POS Plan**

The POS plan option allows you to see a primary care physician for a \$25 copay and a specialist for a \$35 copay. It has a coinsurance rate of 100% after the deductible. This plan provides a 60% coinsurance rate after the deductible has been reached for out-of-network benefits. Also, the POS has an unlimited lifetime maximum for in-network benefits and a \$5,000,000 maximum for out-of-network benefits. This plan is perfect for people who:

- Want to pay a lower premium; and,
- Want the flexibility to see out-of-network providers.

#### **PPO Plan**

The PPO plan offers plan members the largest selection of in-network providers and members pay the same \$25 copay to see their primary care physician or a specialist. The PPO plan has a lifetime maximum benefit of \$5,000,000. This plan works best for people who are willing to pay a higher premium for a larger selection of in-network doctors.



The average person spends more time researching electronics purchases than selecting the right medical coverage. However, increasing costs are forcing more people to pay attention. No matter what your age or situation, choosing the right benefits is one of your most important annual financial decisions. Gathering information about your choices, costs, and history will help you to make a smart choice.



When evaluating your medical options consider:

- Your recent medical expenses;
- The physicians you use;
- The services you use; and,
- The flexibility each plan offers, to be sure it meets your needs.

# MEDICAL BENEFITS

	НМО	
	In Naturally Popolity Only	No Out-of-Network Benefits
Lifetime Maximum	In-Network Benefits Only Unlimited	NO Out-of-Network Bellefits
Deductible Deductible	\$500 individual	
Deductible	\$1,500 family	
Out-of-Pocket Maximum (includes	\$500 individual	
deductible)	\$1,500 family	
Office Visits: Preventive Care	\$1,500 lummy	
Well-Child and Immunizations	\$25 copay	
Periodic Health Examination	\$25 copay	
Annual Gynecology Examination	\$25 primary care copay or \$35 specialist copay	
Office Visits: Illness or Injury	725 pilliary care copay or 455 specialist copay	
Primary Care Physician (includes lab,	\$25 copay	
radiology and office surgery)		
Specialty Care Visit	\$35 copay	
Urgent Care	\$60 copay	
Maternity Physician Services (prenatal,	\$35 copay (first visit only), plan pays 100% after	
delivery, postpartum)	deductible for inpatient services	
Allergy Care (testing, serum and shots)	\$25 primary care copay or \$35 specialist copay	
Inpatient Services		
Daily Room, Board, Nurse Care	Plan pays 100% after deductible	
(at semi-private room rate), ICU,		
Physician Services	Plan pays 100% after deductible	
Outpatient Services		
Surgery Facility & Hospital Charges	\$100 copay, plan pays 100% after copay	
Diagnostic X-ray, Lab	Plan pays 100% after deductible	
Physician Services	Plan pays 100% after deductible	
<b>Emergency Room</b> (Non-emergency use of	\$100 copay (waived if admitted)	
Emergency Room is not covered)		
Therapy Services		
Speech Therapy (20-visit calendar	\$35 copay	
year max.)		
Physical, Occupational Therapy	\$35 copay	
(20-visit calendar year max.)		
Chiropractic Care (20-visit calendar	\$15 copay	
year max.)		
Respiratory Therapy (30-visit calendar	Plan pays 100% after deductible	
year max.)	DI 4000/ 6   1   1   1   1	
• Radiation Therapy, Chemotherapy	Plan pays 100% after deductible	70)
	required. Services must be authorized by calling 1.800.292.28	379.)
Inpatient - facility and physician fee	Plan pays 100% after deductible	
• Outpatient Other Services	\$35 copay	
	Plan pays 100% after deductible	
<ul> <li>Skilled Nursing Facility (30-day calendar year max.)</li> </ul>	Plan pays 100% after deductible	
Home Health Care 120-visit calendar	Plan pays 100% after deductible	
year max.)	i idii pays 100 /0 arter deductible	
Hospice Care (\$10,000 lifetime max.)	Plan pays 100% (deductible waived)	
Ambulance (when medically necessary)	Plan pays 100% (deductible waived)	
	must be written by a network physician and filled at a network	pharmacy)
Generic Preferred (30-day limit)	\$20 copay	priamacy.
Brand Preferred (30-day limit)	\$35 copay	
Non-Preferred (30-day limit)	\$60 copay	
Mail Order (90-day limit)	\$60 copay (non-preferred not covered)	
man Stact (50 day milit)	too copay (non presented not covered)	

	POS	
	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	\$5,000,000
Deductible	\$500 individual	\$1,000 individual
	\$1,500 family	\$3,000 family
Out-of-Pocket Maximum (includes	\$500 individual	\$4,000 individual
deductible)	\$1,500 family	\$12,000 family
Office Visits: Preventive Care		
Well-Child and Immunizations	\$25 copay	Plan pays 60% after deductible
		(deductible waived through age 5)
Periodic Health Examination	\$25 copay	Not covered
Annual Gynecology Examination	\$25 physician copay, \$35 specialist copay	Plan pays 60% after deductible
Annual Prostate Screening	\$25 physician copay, \$35 specialist copay	Plan pays 60% after deductible
Office Visits: Illness or Injury		
Primary Care Physician	\$25 copay	Plan pays 60% after deductible
(includes lab, radiology, and office surgery)		
Specialty Care Visit	\$35 copay	Plan pays 60% after deductible
Urgent Care	\$60 copay	\$60 copay, plan pays 60% after deductible
Maternity Physician Services (prenatal,	\$100 copay (first visit only), plan pays 100% after	Plan pays 60% after deductible
delivery, postpartum)	deductible for inpatient services	Train pays 60% arear academiste
Allergy Care (testing, serum, shots)	\$25 physician copay, \$35 specialist copay	Plan pays 60% after deductible
Inpatient Services	\$25 physician copay, \$55 specialist copay	rian pays 00% after deductible
	Plan nave 1000/ after deductible	Plan nous 600/ after deductible
Daily Room, Board, Nurse Care (at semi-private	Plan pays 100% after deductible	Plan pays 60% after deductible
room rate), ICU, and Diagnostic	DI 1000/ 6   1   111	DI 500/ 6
Physician Services	Plan pays 100% after deductible	Plan pays 60% after deductible
Outpatient Services		
Surgery Facility & Hospital Charges	\$100 copay, plan pays 100% after deductible	Plan pays 60% after deductible
Diagnostic X-ray, Lab	Plan pays 100% after deductible	Plan pays 60% after deductible
Physician Services	Plan pays 100% after deductible	Plan pays 60% after deductible
Emergency Room (Non-emergency use of	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Emergency Room is not covered)		
Therapy Services		
<ul> <li>Speech Therapy (20-visit calendar year max.)</li> </ul>	\$35 copay	Plan pays 60% after deductible
Physical, Occupational Therapy	\$35 copay	Plan pays 60% after deductible
(20-visit calendar year max.)		
Chiropractic Care (20-visit calendar year max.)	\$15 copay	Plan pays 60% after deductible
Respiratory Therapy (30-visit calendar year max.)	Plan pays 100% after deductible	Plan pays 60% after deductible
Radiation Therapy, Chemotherapy	Plan pays 100% after deductible	Plan pays 60% after deductible
Other Services	. ,	,
Skilled Nursing Facility (30-day calendar year max.)	Plan pays 100% after deductible,	Plan pays 60% after deductible
Home Health Care (120-visit calendar year max.)	Plan pays 100% after deductible	Plan pays 60% after deductible
Hospice Care (\$10,000 lifetime max.)	Plan pays 100% (not subject to deductible)	Plan pays 100% (not subject to deductible)
Ambulance (when medically necessary)	Plan pays 100%	Plan pays 100%
Ambulance (when medically necessary)  Behavioral Health/Substance Abuse (No referral requ	. ,	
	,	
• Inpatient	Plan pays 100% after deductible	Plan pays 60% after deductible
• Outpatient	\$35 copay	Plan pays 60% after deductible
Prescription Drug (Each prescription has a 30-day lim		
• Generic Preferred	\$20 copay	Plan pays 60% after deductible
Brand Preferred	\$35 copay	Plan pays 60% after deductible
Non-Preferred	\$60 copay	Plan pays 60% after deductible
Mail Order (generic and brand only)	\$60 copay	Not available

# MEDICAL BENEFITS

	PPO	
	In-Network	Out-of-Network
Lifetime Maximum	\$5,000,000	\$5,000,000
Deductible	\$500 individual	\$1,000 individual
	\$1,500 family	\$3,000 family
Out-of-Pocket Maximum (includes	\$2,500 individual	\$5,000 individual
deductible)	\$7,500 family	\$15,000 family
Office Visits: Preventive Care		
(Preferred Physician or Specialist)		
Well-Child and Immunizations	\$25 copay	Plan pays 60% after deductible
		(deductible waived through age 5)
Periodic Health Examination (mammogram	\$25 copay	Plan pays 60% after deductible
routine prostate, annual gynecology exam)		
Office Visits: Illness or Injury		
Office visit	\$25 physician copay, \$35 specialist copay	Plan pays 60% after deductible
(includes lab and x-ray performed in office)		
Office surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
Urgent Care	\$60 copay	\$60 copay, plan pays 60% after deductible
Maternity Physician Services (prenatal,	\$100 copay (first visit only), plan pays 80% after	Plan pays 60% after deductible
delivery, postpartum)	deductible for inpatient services	
Allergy Care (testing, serum, shots)	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Services	rian pays 60 % direct deductible	riair pays 60% area deductible
Daily Room, Board, Nurse Care	Plan pays 80% after deductible	Plan pays 60% after deductible
	Fiail pays 60% after deductible	Plan pays 00% after deductible
(at semiprivate room rate), ICU, X-Ray, and Lab	Dlana 000/ -ftddt-l-l	Discours (00/ - from de do etible
• Physician Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services	DI 000/ 6   1   11	50% 6 1 1 311 1
• Facility/Hospital Charges, X-Ray, and Lab	Plan pays 80% after deductible	Plan pays 60% after deductible
Physician Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Emergency Room used for non-emergency	\$100 copay, plan pays 80% after copay	\$100 copay, plan pays 60% after copay
	and deductible	and deductible
Therapy Services (Calendar year visit limits are combined to the combined to t	ned between in-network and out-of-network.)	
<ul> <li>Speech Therapy (20-visit calendar year max.)</li> </ul>	Plan pays 80% after deductible	Plan pays 60% after deductible
<ul> <li>Physical, Occupational, Chiropractic Therapy</li> </ul>	Plan pays 80% after deductible	Plan pays 60% after deductible
(20-visit calendar year max.)		
Respiratory Therapy (30-visit calendar year max.)	Plan pays 80% after deductible	Plan pays 60% after deductible
<ul> <li>Radiation Therapy, Chemotherapy</li> </ul>	Plan pays 80% after deductible	Plan pays 60% after deductible
Other Services (Calendar year benefits, visits and lifeti	me maximums are combined between in-network and	out-of-network.)
• Skilled Nursing Facility (30-day calendar year max.)	Plan pays 80% after deductible	Plan pays 60% after deductible
Home Health Care (120-visit calendar year max.)	\$25 copay per visit	Plan pays 60% after deductible
Hospice Care (\$10,000 lifetime max.)	Plan pays 100% (not subject to deductible)	Plan pays 100% (not subject to deductible)
Ambulance (when medically necessary)	Plan pays 100%	Plan pays 100%
Behavioral Health/Substance Abuse		
Inpatient-facility and physician	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient	\$25 copay per visit	Plan pays 60% after deductible
Prescription Drug (Each prescription has a 30-day limi		. ,
participating pharmacy.)	-, orac. manterialite prescriptions have a 90-day	ment at the for remindracine at follow
Generic Preferred	\$20 conay	\$20 conav
Generic Preferred     Brand Preferred	\$20 copay	\$20 copay
	\$35 copay	\$35 copay
Non-Preferred  Mail Order (prescriptored broad anti-)	\$60 copay	\$60 copay
Mail Order (generic and brand only)	\$60 copay	Not Available

# 360° Health

Employees enrolled in any of our medical plans also have access to Blue Cross Blue Shield's 360° Health.

The 360° Health program provides customized health care related services that empower members with the resources, tools, guidance and support to help them manage their health while managing their health care costs.

360° Health offers a revolutionary shift in health care related services that really means "life care"— MDs and RNs proactively working with plan members to help them to lead healthier lives and feel better every day. Some people, no matter how they choose to live, just get sick. 360° Health helps members to live better even when they are sick by providing health guidance and health management services.

Once you are enrolled in your benefits, log on to Member Access at bcbsga.com and select the  $360^{\circ}$  Health tab to learn more about the benefits of these programs.

Following is more information about some of the programs available to you.

## **Future Moms Program**

Participating in one of our health plans gives mothers-to-be access to the Future Moms program, which assists expectant mothers by providing:

- An assigned prenatal/postnatal nurse health coach who is supported by an on-site team of clinical specialists
- A care management system that assesses risks to help ensure consistent, individualized education and support
- Prenatal interventions based on the expectant mother's pregnancy status, complications, medical history and physician's plan of care
- 24-hour toll-free nurse access line that assists the mother in making informed health care decisions. Bilingual registered nurses and services for the hearing impaired are available

To enroll, members call 866.664.5404



# **Health Resources**

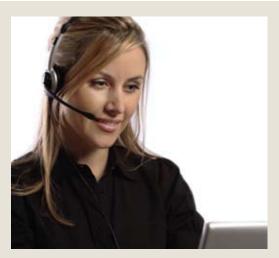
Access health and wellness information through a variety of channels and learn more about health topics, conditions and treatment options:

- Use Healthy Living to learn about health topics from A to Z
- Receive our free member newsletter in your home or sign up for an electronic newsletter that can be sent to your e-mail
- Listen to confidential recorded messages about hundreds of health topics in English and Spanish through the AudioHealth Library by calling 888.724.BLUE (2583)

## **Health Extras**

Take advantage of various opportunities to help you improve your health using:

- Discounts offered through SpecialOffers for smoking cessation, alternative therapies, fitness club memberships and weight management programs
- Interactive online programs such as BMI calculators, diet and exercise trackers and immunization schedules
- The online database for hospital quality information through Subimo's Healthcare Advisor<sup>TM</sup>.



# 24/7 Nurseline

Health Information With Just a Call or a Click

Health concerns don't follow a 9-to-5 weekday schedule. They happen in the middle of the night, during vacation or while traveling for business. Determining whether a problem requires medical attention or self-care isn't always clear.

Blue Cross Blue Shield of Georgia's (BCBSGA) 24/7 Nurseline offers access to qualified registered nurses anytime. This allows members of our health care plans to make informed decisions about the appropriate level of care and avoid unnecessary worry.

To reach the 24/7 Nurseline, call: 888.724.BLUE(2583)

# Track your Personal Health Information

BCBSGA members can use MyHealth Record to maintain and track personal health information and keep it organized in one secure location.

You can use the tool to consolidate your medical history if you see multiple doctors, and provide them with a comprehensive health history to use when planning care, which can eliminate duplicate services and potential adverse drug interactions.

To access MyHealth Record, log onto member access at www.bcbsga.com and select 360° Health and then MyHealth Record.



Today, most physicians and clinical staffs have limited "face time" with their patients. Some people are in denial about their chronic illnesses and others can feel overwhelmed by all the information available, either of which can lead to poor management of the chronic condition and poor overall health.

BCBSGA's ConditionCare program works with your physician to provide additional support from nurses, dieticians, exercise physiologists, pharmacists, health educators, and other health care professionals to help members better understand and manage their condition.

# ConditionCare helps members manage:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Heart Failure
- Low Back Pain
- Cancer
- Vascular At-Risk

# **Dental Plan**

# Good oral hygiene is part of a healthy lifestyle.

We offer two different Guardian dental plans at the same cost. The Value Plan provides the best value IF YOU STAY IN-NETWORK. The Network Access Plan provides a better benefit if you usually use out-of-network providers.

#### It's About More Than a Pretty Smile

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year.

#### **Visit Your Dentist Regularly**

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections.

Our plan covers preventive services at 100% in-network, with no deductible for preventive services. Plan members can visit a Dental Guard Preferred Provider every six months for an oral exam and the plan pays for 100% of preventive services. You can visit any dentist, however, STAY IN-NETWORK if you want the best value.

	DENTAL	
	Value Plan	Network Access Plan
Calendar year Deductible	No deductible	\$50 individual
Out-of Network Reimbursement	Members billed	\$150 family  Members billed for
(In-network reimbursement is always	for charges above	charges above the 90th
paid at the contracted rate)	contracted rates	UCR amount
Preventive Services	100%	100% no deductible
Oral exams, dental cleanings and Fluoride		
(2 per year)		
Basic Services	100%	80% after deductible
Denture adjustments, repairs to existing		
crowns, dentures and bridges, fillings,		
, ViziLite Plus®, periodontal procedures,		
extractions and anesthesia		
(when medically necessary), and white		
resin fillings (for all teeth).		
Major Services	60%	50% after deductible
Inlays, onlays, crowns, root canals		
dentures bridges		
Orthodontia	50% to \$1,000	50% to \$1,000 after
(dependents up to age 19)		deductible
Maximum Annual Benefit	\$1,000	\$1,000
(per individual per calendar year)		
<ul> <li>ViziLite Plus assists dentists in the early detection</li> <li>Guardian's plan covers Vizilite Plus exams for n</li> </ul>		

#### **Finding a Provider**

Guardian's online DentalGuard Preferred Provider (PPO) Directory makes it easy to find in-network dentists.

Just follow these easy steps:

- 1. Visit www.GuardianLife.com
- 2. Click on "Provider Online Search"
- 3. Click on "Find a Dentist"
- 4. Under "Select a Plan," choose the PPO network
- 5. Search for a network provider by location, dentist, or practice

To find out if your dentist is in-network, call 1.800.890.4774.



#### **Dental Benefit Rollover Feature**

Guardian will roll over a portion of each member's unused annual maximum into that member's Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum. To qualify, a member must submit at least one claim during the calendar year and all member claims for the calendar year cannot exceed \$500. Members can rollover \$250 per year for a maximum rollover amount of \$1,000. That amount can be used in later years in addition to the maximum annual benefit. The employee and each dependent insured maintain separate MRAs based on their own claim activity.

# **EyeMed Vision Care**

Taking care of your vision is important to your overall health.

EyeMed Vision Care members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs.

Employees and dependents are covered for free under Eyemed's Discount Plan or they can purchase the more robust Buy-Up Plan. To start using your benefit, visit www.eyemedvisioncare.com or call 1.866.723.0596 to locate a participating provider.



## Did you know?

Taking care of your vision can also mean early detection for symptoms of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

# A qualified vision care professional can help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Eye infections
- Glaucoma
- Macular degeneration

VISION		
	Discount Plan (in-Network)	Buy-Up Plan (in-Network)
Exam	\$5 off routine exam	\$10 copay
	\$10 off contact lens exam	
Standard Plastic Lenses		
• Single Vision	\$50	\$25
• Bifocal	\$70	\$25
• Trifocal	\$105	\$25
Frames (any frame available at provider location)	35% off retail	\$120 allowance plus 20% of remaining balance
		over \$120
Lens Options	(paid by member and added to the base price of lens)	
UV Coating	\$15	\$12
Tint (solid and gradient)	\$15	\$12
Standard Scratch Resistance	\$15	\$12
Standard Polycarbonate	\$40	\$35
Standard Progressive (add on to bifocal)	\$65	\$85
Standard Anti-Reflective Coating	\$45	\$40
Other Add-Ons and Services	20% off retail price	20% off retail price
Contact Lenses	(covers materials only)	(In lieu of frames and lenses - includes fit, follow up and materials)
Conventional	15% off retail price	\$135 allowance, 15% off balance over \$135
Disposables	Not covered	\$135 allowance
Medically Necessary	Not covered	0 Copay, Paid in Full
Laser Vision Correction	5% off promotional price or	5% off promotional price or
Lasik or PRD from U.S. Laser Network	15% off retail price	15% off retail price
Frequency		
Examination	Unlimited	Once every 12 months
• Frame	Unlimited	Once every 24 months
Lenses and Contact Lenses	Unlimited	Once every 12 months

# Life Insurance and AD&D

The City pays for a life insurance benefit of three times annual earnings up to \$500,000 for all full-time employees and an additional benefit of three times salary up to \$500,000 in AD&D insurance.



# Optional Life Insurance

Our voluntary life insurance program allows you to purchase additional coverage for yourself and coverage for your dependents. The voluntary life program provides optional employee coverage ranging from \$10,000 to \$300,000, purchased in \$10,000 increments. Your spouse is eligible for 50% of the employee's coverage purchased in increments of \$15,000, and dependent child(ren) age 14 days to 23 (or 25 if full-time student) are eligible for \$10,000 in coverage.

#### Why Buy Life Insurance?

Life insurance provides a lump sum cash benefit to surviving dependents to cover immediate expenses such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner or provide funds for college or retirement for the survivors.

#### **Waiver of Premium**

If an insured employee becomes totally disabled (unable to work at any job) prior to age 60, insurance will remain in force during that disability without further payment of premiums until age 65, at which time coverage will terminate.

Amount	Evidence of Insurabili	ity
Employee	<\$50,000	Not Required
Employee	up to \$300,000	Required
Spouse	<\$15,000	Not Required
Spouse	Up to \$150,000	Required
Child(ren)	\$10,000	Not Required

#### What is Evidence of Insurability?

Our carrier requires Evidence of Insurability in order for employees to purchase insurance above \$50,000. If you or your dependents have medical conditions that make it difficult to purchase life insurance on your own, this amount is relevant to you. Evidence of Insurability requires you to complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before your insurance takes effect. Life insurance enrollment timeframes are limited as detailed below:

- New Hires You may apply for coverage up to the amount requiring Evidence of Insurability through the normal enrollment process.
- Marriage, Adoption or Birth If you are already enrolled in employee life insurance you can enroll new dependents as long as you follow normal Life Status Change deadlines. If you wish to increase your employee life amount above \$50,000, you must complete the Evidence of Insurability Form and submit it within the normal Life Status Change deadlines.

Spouse coverage is limited to 50% of employee coverage

# **Disability**

One third of all Americans between the ages of 35 and 65 will become disabled for more than 90 days, according to the American Council of Life Insurers. The City pays for employees' short-term and long-term disability insurance which provides income continuation if you are ever unable to work due to an accident or illness.



# Short-Term Disability (up to 90 days)

Your short-term disability insurance provides coverage of 60% of gross wages up to a maximum of \$2,000 per week for a qualified disability. Benefits are payable on the 8th day of a disability or illness for a maximum of 90 days. Pregnancy is covered under short-term disability the same as any other disability.

# Long-Term Disability (beyond 90 days)

Your long-term disability benefit provides a benefit of 60% of your monthly salary up to a maximum of \$8,500 per month after 90 consecutive days of total disability. This is a gross-up plan which means employees are taxed on the premium, but if you go out on disability the benefit you would receive would be tax free.

# If you were disabled and unable to work, how would you pay your bills?

Disability Insurance provides income protection to insure that you have a consistent flow of income if you are unable to work for an extended period of time due to a disabling illness or injury.

If you suffer from an illness or injury and are unable to work, do you know how you will pay your rent or mortgage, car payments, utilities, and health insurance? The loss of income can be so devastating that the U.S. Department of Housing and Urban Development estimates that 46% of all home foreclosures are caused by a disability.

If you are like most Americans, your monthly expenses eat up most of your paycheck and little is left for saving. If you worry that you haven't set aside a big enough emergency fund, then this benefit should help you sleep better at night.



# **Flexible Spending Accounts**

A Flexible Spending Account (FSA) allows employees to use pre-tax money for qualified expenses.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10 – 30% by using pre-tax money in an FSA to pay for health or dependent care expenses incurred during the plan year. Determine how much you anticipate spending on qualified expenses throughout the year and fund your FSA for that amount through bi-weekly pre-tax payroll deductions. You can then use those funds to pay for eligible expenses using a debit card at the time of service or by submitting a receipt after-the-fact.



In the past, you may have avoided Health FSAs because the plans were so rigid. The rules have been modified to cover more services and certain over-the-counter drugs, so we encourage you to take another look and reconsider if FSAs are right for you:

**Health Care FSA** – used to pay for qualified medical, dental and vision expenses incurred by you and your dependents during the plan year. See box for examples of eligible expenses.

#### Note:

- Annual maximum contribution is \$2,500.
- Annual minimum contribution is \$100.
- You have access to your full annual contribution at anytime during the plan year for qualified expenses incurred during the plan year.
- You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute.
- You have a 90-day grace period after year end to submit claims.

**Dependent Care FSA** – used to pay for qualified dependent child care or elder care expenses incurred during the plan year, to allow you (and/or your spouse if married) to work or go to school full-time.

#### Note:

- Annual maximum contribution is \$5,000, (\$2,500 if married and filing separately).
- Annual minimum contribution is \$100.
- You ONLY have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account.
- You have a 90-day grace period after year end to submit claims.

# Health Care FSA Eligible Expenses

- Medical plan copays and deductible
- Prescription drugs
- Dental and orthodontia expenses
- Vision care expenses including lasik, glasses and contact lenses
- Over-the-counter drugs purchased to treat an injury or sickness
- Tobacco cessation programs
- Infertility treatment
- Psychology and psychoanalysis medical expenses
- Medically necessary massage therapy
- Weight-loss programs
- Services not covered under your health plan as long as medically necessary
- Medically necessary cosmetic surgery

Please refer to our plan document for a full list of eligible expenses and exclusions.

#### **Dependent Care FSA Expenses:**

- Care at licensed nursery school or day care facility
- Before and after school care for children 12 and under
- Day Camps
- Nannies and Au Pairs

#### **Dependent Care Ineligible Expenses:**

- Services provided by a family member
- Overnight camp expenses
- Babysitting expenses for time when you are not working or your spouse is not at school or working
- Late payment fees
- Tuition expenses for school

#### **Important Rules Regarding FSAs**

- Accounts are separate and you cannot co-mingle funds.
- Accounts are subject to the USE IT OR LOSE IT provision.
   Unused balances do not carry over and cannot be refunded.

# **Retirement Savings Plans**

The City provides employees with a comprehensive retirement program consisting of a 457(b) plan, a 401(a) plan, and a Social Security replacement plan administered by Principal Financial Group.

To be eligible for the plans, employees must be age 21 or older and have fulfilled 30 days of service with the City of Dunwoody.

The 457(b) plan allows employees to defer part of their pay on a tax-deferred basis into the investment of their choice.

- Salary Deferral Contributions: You may contribute from 1% to 100% of your pay each pay period. Your taxable income is reduced by the amount you contribute through salary deferral. Your total salary deferral and employer contributions may not exceed \$16,500 for 2010.
- Catch-Up Contributions: If you are age 50 or older by December 31st, you may contribute a catch-up contribution of up to \$5,500 for 2010.
- Vesting: You are always 100% vested in the contributions YOU choose to defer.
- Investments: Contributions are automatically directed to the plan's investment default if you do not choose any investment options.
- When You Receive Benefits: Termination of employment, death, disability, age 70 1/2, or Plan termination

The City will contribute 10% of your compensation each pay period to your 401(a) plan.

- Vesting: You will be 100% vested in the contributions after completing one year of service with the City.
- Investments: Contributions will be automatically directed to the plan's investment default if you do not select investment options.
- When You Receive Benefits: Termination of employment, death, disability, age 70 1/2, or Plan termination

The City also contributes the Social Security withholding amount (6.2% for 2010) for each eligible employee into a Lifecyle Fund. All Participants shall at all times be fully vested in their Social Security replacement plan.

Contact Principal's participant assistance department for account information, including roll-overs at 1.800.547.7754.

# **Housing Reimbursement Program**

The housing reimbursement program provides additional compensation as reimbursement to eligible employees of the City of Dunwoody to reside within the City limits. Eligible employees are defined as employees who are Uniformed Officers of the City of Dunwoody Police Department, including Sergeants, Lieutenants, Police Officers, Detectives, the Deputy Chief and the Chief of Police. Housing reimbursement is for the rent or payment of mortgage for a single family home, condominium, apartment or any unit suitable for housing one family. The allowance amount is \$300 per month (\$3,600 per year), subject to annual appropriation each year on a first-come, first-served basis. See Human Resources for more information.

# **Travel Assistance Program**

The travel assistance program is provided free by the City and is administered through Standard Insurance Company and MedEx. The plan provides many benefits related to travel including, but not limited to, pre-trip assistance, medical assistance while traveling, emergency transportation, and legal services. Employees and their family members are eligible for the program. Employees will receive a wallet card which lists the contact information for MedEx. Support is available 24 hours a day, 365 days a year.

# **Education Assistance Program**

To encourage employees to continue their education and improve their job skills, the City offers an education assistance program. The City reimburses regular, full-time employees for tuition, lab fees, and textbooks associated with coursework that meets the requirements of the program. The current annual allotment is \$2,000 per employee. Please see Human Resources for more information.

# **Supplemental Insurance Policies**

The City currently makes available the opportunity for employees to purchase supplemental insurance policies through Aflac which can be paid for through payroll deduction. The current policies are the Personal Accident Indemnity Plan and the Cancer Indemnity Insurance Plan. For more information, please see Human Resources.

#### IMPORTANT CONTACT INFORMATION

# Flexible Spending Accounts

Medcom www.emedcom.net 1.800.523.7542

#### **Medical Plans**

 Blue Cross Blue Shield of Georgia www.bcbsga.com 1.800.441.2273

#### **Dental Plan**

Guardian www.guardiananytime.com 1.800.541.7846

#### **Vision Plan**

EyeMed www.eyemed.com 1.800.541.7846

#### Life Insurance

Standard www.standard.com 1.800.628.8600

#### **Long-Term Disability**

Standard www.standard.com 1.800.368.1135

#### **Short-Term Disability**

Standard www.standard.com 1.800.368.2859

#### **EAP**

Horizon Health www.horizoncarelink.com. 1.888.293.6948

#### **Travel Assistance**

MedEx operations@medexassist.com 1.800.527.0218

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